

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|--------------------|----------------|--------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>[Signature]</i> | 64696 | 3/2/88 |
| FORMALITY REVIEW | <i>WV</i> m.o. | 67479 69350 | 6-7-98 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
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| 8 | ✓ |
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| 10 | ✓ |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy